

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2014 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: East Wake Transfer Station

Permit: 9233T-TRANSFER-

Physical Address		Mailing Address	
Street 1: 820 Corporation Parkway		Street 1: P.O. Box 550	
Street 2:		Street 2:	
City: Raleigh	County: Wake	City: Raleigh	
State: North Carolina	Zip: 27610	State: North Carolina	Zip: 27602
Primary Facility Contact Person		Billing Contact Person	
Name: John Roberson		Name: Johnny Beal	
Phone: (919) 856-6365	Fax: (919) 856-6233	Phone: (919) 518-0272	Fax: (919) 518-0289
Email: john.roberson@wakegov.com		Email: jbeal@wakegov.com	

1. Tipping Fee: \$38.00 per Ton (Attach a schedule of tipping fees if appropriate.)

Does the tip fee above include the \$2.00 Solid Waste Tax? ☒ Yes ☐ No

2. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

If so, please report the date this occurred: \_\_\_\_\_

3. Are there SWANA or other certified operator(s) at this facility? ☒ Yes ☐ No

If yes, indicate the following:

Name: Tommy Smith Certification type and expiration date: Certified Transfer Operators 8/26/17

Name: Jermaine Smith Certification type and expiration date: Certified Transfer Operators 2/5/17

Name: Jabari Robinson Certification type and expiration date: Certified Transfer Operators 12/12/16

4. What other activities occur at this facility? (check all that apply)

☐ Recycling/Reuse Collection ☐ Scrap Tire Collection ☐ White Goods Collection ☐ Household Hazardous Waste Collection

If you checked Recycling/Reuse Collection, please indicate the materials accepted and amount collected: (check all that apply and provide tonnages)

☐ Carpet \_\_\_\_\_ tons ☐ Concrete/rubble/asphalt \_\_\_\_\_ tons ☐ Gypsum/drywall \_\_\_\_\_ tons ☐ Other Metal \_\_\_\_\_ tons

☐ Cardboard \_\_\_\_\_ tons ☐ Shingles \_\_\_\_\_ tons ☐ Electronics \_\_\_\_\_ tons ☐ Other Plastic \_\_\_\_\_ tons

☐ Wood \_\_\_\_\_ tons ☐ Other (specify) \_\_\_\_\_

5. Provide the four quarterly tonnages this facility reported on NC E-500K forms between July 1, 2013 and June 30, 2014:

Quarter	Tons Reported
July 1 - September 30	67,554
October 1 - December 31	62,131
January 1 - March 31	57,384
April 1 - June 30	65,393
Total	252,462

through June 30, 2014. Indicate **tonnage** received by COUNTY of waste origin. Please indicate COUNTY and STATE, if received from another state.

[illegible]

7. Indicate the facility(s) that received your facility's transferred waste material:

Grand Total	252,462
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NAME, PERMIT #, and LOCATION (city, state) of FACILITY	Facility Type	Tons
WAKE COUNTY SOUTH WAKE MSWLF, 9222-MSWLF-2008, Apex, North Carolina	MSW Landfill	245,871
<b>TOTAL</b>		245,871.00

**REMINDER:** According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

**Please return your completed report to:**

Shawn McKee  
1646 Mail Service Center  
Raleigh, NC 27699-1646  
phone: 919.707.8284 email: [Shawn.Mckee@ncdenr.gov](mailto:Shawn.Mckee@ncdenr.gov)

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature:

Date:

Name: John Roberson

Title: Solid Waste Management Division Director

Phone Number: (919) 856-6365

Email: [john.roberston@wakegov.com](mailto:john.roberston@wakegov.com)